

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL007014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARA MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1218 PAMLICO STREET WASHINGTON, NC 27889</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-Up Construction Survey by Ed Miller and Frank Strickland on January 22, 2015.  The following deficiencies cited during the November 4, 2014, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. A new citation was added.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm.  Findings on 11/04/2014: a) Room 9 has a detector hanging from the	{C 101}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{C 101}	Continued From page 1  ceiling by the wires, b) The Living Room Activity Closet opens into a room that is open to the corridor and has no detection.	{C 101}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system.  Findings on 11/04/2014: The following areas need a vacuum breaker: a) The spray hose on the Beauty Shop sink has no vacuum breaker.  Findings from 1/22/2015: An in-line vacuum breaker had been installed just behind the sprayer head on the hose which would allow the device to be submerged in water. An in-line vacuum breaker must be installed above the top of the sink so that it is constantly open to atmospheric air in order to provide protection from the possibility of backsiphonage.	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings on 01/22/2015:</p> <p>d. The ceiling of the exterior mechanical room has unprotected penetrations by exhaust flue, HVAC duct, and the joints are not sealed to maintain the fire resistance rating of the ceiling.</p> <p>e. The vents in the ceiling of the mop room are open to the attic but are not equipped with radiation dampers or other alternative means of protection to maintain the fire resistance rating of the ceiling,</p> <p>f. The office utility room has an unprotected wall penetration by cable.</p> <p>g. (New Finding from 01/22/15) The kitchen has a dutch door to the corridor that has no automatic flush bolt,</p> <p>3. Based on observation, egress from all areas was not maintained in a safe manner by having a door that could be locked in the direction of egress. This would effect one resident by not allowing free egress in an emergency.</p> <p>Findings on 01/22/2015: The private bedroom has an exterior door that has a double keyed dead bolt latch.</p> <p>This is not in conformance with the requirement that all doors in the path of egress must remain operable without the use of a key or special</p>	{C 189}			

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{C 189}	Continued From page 3  knowledge.  4. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use two-wire extension cords and expansion blocks in the outlets. This would effect all residents by potentially overloading electrical circuits in the bedrooms.  Findings from 01/22/2015: Two-wire extension cords and outlet expansion devices were observed in the following locations: a) Room 17 has an outlet expansion device, b) Room 11 has a two-wire extension cord.	{C 189}			


2/19/2015

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HAL007014	(Y2) Multiple Construction A. Building B. Wing 01 - MAIN	(Y3) Date of Revisit 1/22/2015
Name of Facility CLARA MANOR	Street Address, City, State, Zip Code 1218 PAMLICO STREET WASHINGTON, NC 27889	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0123 Reg. # LSC	Correction Completed 01/22/2015	ID Prefix C0164 Reg. # LSC	Correction Completed 01/22/2015	ID Prefix C0191 Reg. # LSC	Correction Completed 01/22/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____ CMS RO	Date: _____	Signature of Surveyor: 	Date: 2-19-15
Followup to Survey Completed on: 11/4/2014	YES	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		